

# 2023 SLEEP NUMBER IN-NETWORK<sup>1</sup> PLAN COMPARISON

Sleep Number offers three medical plans. Need help comparing these plans?

Talk to Alex @ [www.myalex.com/sleepnumber/2023](http://www.myalex.com/sleepnumber/2023)

	Bind/Surest	Blue Cross Blue Shield High Deductible Health Plan (HDHP)	Blue Cross Blue Shield Preferred Provider Organization Plan (PPO)
<b>Paycheck Deductions (bi-weekly)</b>			
Team member	\$58.15	\$65.08	\$88.15
Team member + spouse*	\$177.69	\$198.46	\$268.15
Team member + child(ren)*	\$166.15	\$185.54	\$250.15
Family*	\$229.85	\$257.08	\$372.92
*Imputed income applies to Medical, Dental, and Vision pre-tax benefits plans should you choose to enroll your domestic partner or your domestic partner's child(ren).			

Provider Network	UHC Choice Plus Network	BlueCard PPO Network	BlueCard PPO Network
<b>Contact</b>	join.surest.com/sleepnumber Access code: SN2023 833-576-6494	bluecrossmnonline.com 866-873-5943	bluecrossmnonline.com 866-873-5943

<b>Annual Deductible</b>			
Individual	\$0	\$2,000	\$1,000
Family	\$0	\$4,000 <sup>2</sup>	\$2,000 <sup>3</sup>
<b>Annual Out-of-pocket maximum</b>			
Individual	\$3,500	\$4,500	\$3,500
Family	\$7,000 <sup>3</sup>	\$9,000 <sup>3</sup>	\$7,000 <sup>3</sup>
Flexible Spending/ Health Savings Accounts	Flexible Spending Account	Health Savings Account which includes a Sleep Number contribution of \$500 for Team Member only and \$1,000 for Family	Flexible Spending Account
Access to the following programs:	<ul style="list-style-type: none"> <li>• 2nd MD - second opinions</li> <li>• Canary - chronic condition coaching and support</li> <li>• Pacify - pregnancy &amp; parental support</li> <li>• Pivot - quitting tobacco</li> <li>• Progyny - fertility services</li> <li>• Virta - diabetes reversal</li> <li>• K Health - virtual primary care</li> <li>• My Cancer Journey - cancer support</li> </ul>	<ul style="list-style-type: none"> <li>• Omada - diabetes prevention and management</li> <li>• Personalized Sharecare and RealAge Test</li> <li>• Health Coaching – chronic conditions including maternity management and quitting tobacco</li> </ul>	

<sup>1</sup> Out-of-Network information and more coverage details are available at [sleepnumberbenefits.com](http://sleepnumberbenefits.com).

<sup>2</sup> Non-embedded deductible (HDHP plan): When the family deductible is met, the plan begins sharing costs for each member. The deductible can be met by one or a combination of family members. The Team member only deductible applies to Team member only coverage.

<sup>3</sup> Embedded limits: The family limit can be met by two or more family members, with no individual surpassing the Team Member only limit. In the HDHP Plan, this amount is \$6,850.



	Bind/Surest	Blue Cross Blue Shield High Deductible Health Plan (HDHP)	Blue Cross Blue Shield Preferred Provider Organization Plan (PPO)
<b>Common Medical Services</b>			
<b>Preventive Care</b> (including pre-natal care)	\$0	\$0	\$0
<b>Labs and Basic Imaging</b> (Xrays, ultrasounds, mammograms, basic lab tests)	\$0	20% after deductible	20% after deductible
<b>Virtual Visits - Doctor On Demand</b> (Medical and Mental Health)	\$0	\$0 after deductible	\$0
<b>Physical, occupational and speech therapy</b>	\$20 to \$75	20% after deductible	20% after deductible
<b>Office visit (Medical)</b>	\$30 to \$130	20% after deductible	20% after deductible
<b>Office visit (Mental Health)</b>	\$30	20% after deductible	20% after deductible
<b>Acupuncture therapy</b>	\$35	20% after deductible for certain conditions only	20% after deductible for certain conditions only
<b>Chiropractic therapy</b>	\$35	20% after deductible	20% after deductible
<b>Urgent care</b>	\$90	20% after deductible	20% after deductible
<b>Complex imaging</b> (MRI, CT scans)	\$200 to \$700	20% after deductible	20% after deductible
<b>Emergency room</b>	\$500	20% after deductible	20% after deductible
<b>Ambulance</b>	\$600	20% after deductible	20% after deductible
<b>Radiation therapy</b>	\$675	20% after deductible	20% after deductible
<b>Chemotherapy</b>	\$650 to \$1000	20% after deductible	20% after deductible
<b>Inpatient stay (non-surgical)</b>	\$2,000	20% after deductible	20% after deductible
<b>Surgeries/Procedures</b> (includes overnight stay, anesthesia, facility fee)	\$0 to \$3,000 45 procedures require activation and additional payroll deductions <sup>4</sup>	20% after deductible	20% after deductible
<b>Maternity</b> (C-section or vaginal deliveries, includes overnight stay, anesthesia)	\$1,000 to \$3,000	20% after deductible	20% after deductible
<b>Prescriptions<sup>5</sup></b>			
<b>30-day supply:</b>			
Tier 1	\$5 to \$15	20% after deductible	\$11
Tier 2	\$100	20% after deductible	25% coins (\$20 to \$40)
Tier 3	\$180	20% after deductible	25% coins (\$25 to \$50)
Tier 4	N/A	20% after deductible	25% coins (\$70 to \$140)
<b>90-day supply:</b>			
Tier 1	\$25 to \$65	20% after deductible	\$18
Tier 2	\$250	20% after deductible	25% coins (\$50 to \$100)
Tier 3	\$450	20% after deductible	25% coins (\$65 to \$125)
Tier 4	N/A	20% after deductible	25% coins (\$175 to \$350)

<sup>4</sup> Outpatient and inpatient hospital prices vary by procedure and location. A subset of 45 plannable treatments in this category require activation and additional pre-tax paycheck deductions. Inactive coverage must be activated three business days prior to the covered procedure. For a full list, contact Bind/Surest.

<sup>5</sup> All three plans have specific networks and formularies. Bind/Surest has different copays for specialty medications. Contact your plan administrator for more information.